

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.

09/762580

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		2		/		
7		2		/		
8		0		/		
9		0		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		0		/		
17		0		/		
18	/		/			
19		/		/		
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21		0		/		
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	21		19			
TOTAL CLAIMS	23		21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						